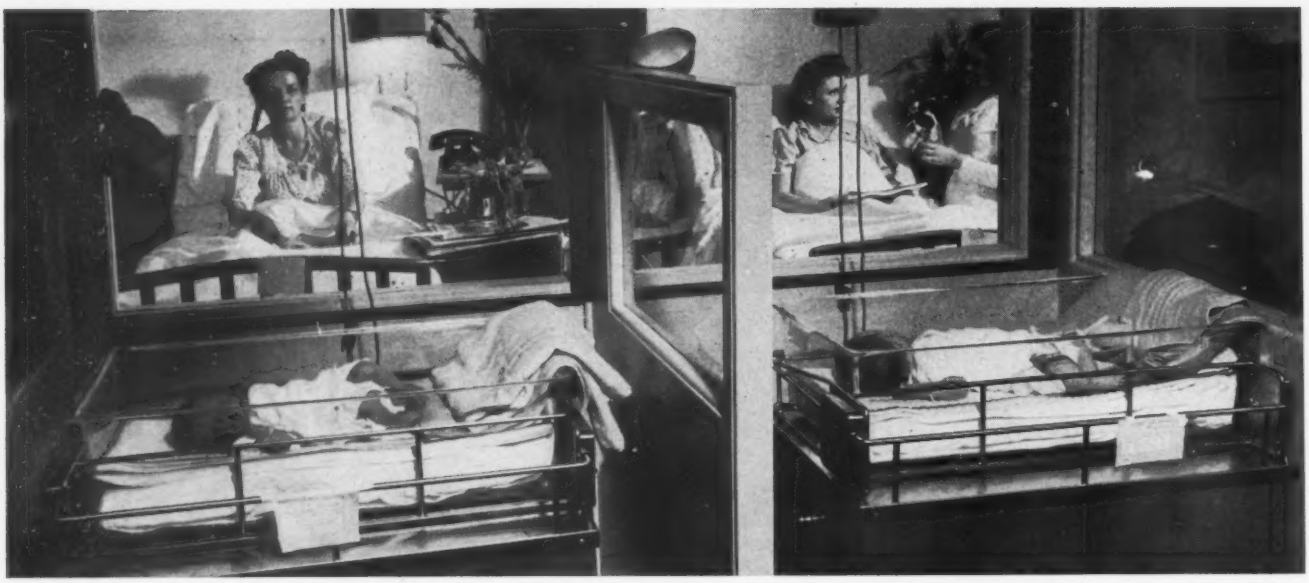
NOVEMBER • 1949

the CHILD



Under many hospital rooming-in plans, when a newborn baby is not actually with his mother she can watch him through a glass window.

I ROOMED IN WITH MY NEW BABY

BARBARA S. BACKUS

THERE WERE no happier people in the world than my husband and I when we found out that a baby was on its way! We were young, we were in love, and nothing could add more to that than a child. After the first flush of enthusiasm settled down into a steady, quietly expectant happiness, we began to make the usual plans—a layette, a home with enough room for our growing family, a hospital, et cetera.

What of the future?

And then, of course, I began to worry. I'd never been around a small baby. Would I know how to take care of one? Would I know how to be a good mother and yet a good wife, or would I become bogged down in the bewildering routines of new motherhood?

The joy and anxiety would alternate with a small, nagging fear. Because I knew that the homecoming with a new baby wasn't going to be easy.

We were members of that large post-war group, student veterans and their wives. And while my husband taught part time to supplement his GI allotment, there wouldn't be enough money to have a nurse for those first few difficult weeks at home. That meant taking our new arrival home—11 miles out in the country, the only housing we'd been able to find in the college-crammed town—to a house poorly designed for winter living, far from help and neighbors. And, frankly, I was scared.

But pregnancy was a common event in student circles, and from young wives who had been in New Haven longer than I had, I began to hear hopeful stories. Grace-New Haven Community Hospital had a new and progressive plan, called rooming-in. There, the newborn baby and mother were together from the moment of birth. No seeing your baby only at feeding time, no frustrated fathers peering through glass at their babies, no uncomfortable feeling of suddenly finding yourself ready to go home, with a helpless little THING in your arms that you scarcely knew or had handled.

Others liked it

This sounded made to order for me. The enthusiasm of the mothers who had tried the new plan, the prospect of getting to know my baby before I left the security of the hospital, and the idea of being in on a new project, all intrigued me. Again, in company with other young university wives, I was getting my prenatal care at the Grace-New Haven Community Hospital clinic, and there I made application for the rooming-in unit.

Looking forward

Since the rooming-in unit works closely with the clinic staff, I was assured of a bed in the unit if one was available when my baby chose to arrive. Although there are now two rooming-in units of four beds each, at that time there was only one unit. And as babies cannot be timed with the accuracy of a

railroad schedule, no more definite arrangement was possible. But at the worst it meant waiting in a regular room a few days and then going into the unit; so I was happy.

At every visit to the clinic, thereafter, I saw one of the pediatricians attached to the rooming-in unit. They went into my attitude carefully, made sure of my interest in breast-feeding my baby, answered all my questions, and succeeded in making me so excited about my pregnancy that I could scarcely wait to have my child!

And the baby is born

Our daughter was born on December 6, and luck was with me, for a bed was available in the rooming-in unit the next day. It was one of the most delightful experiences of my life.

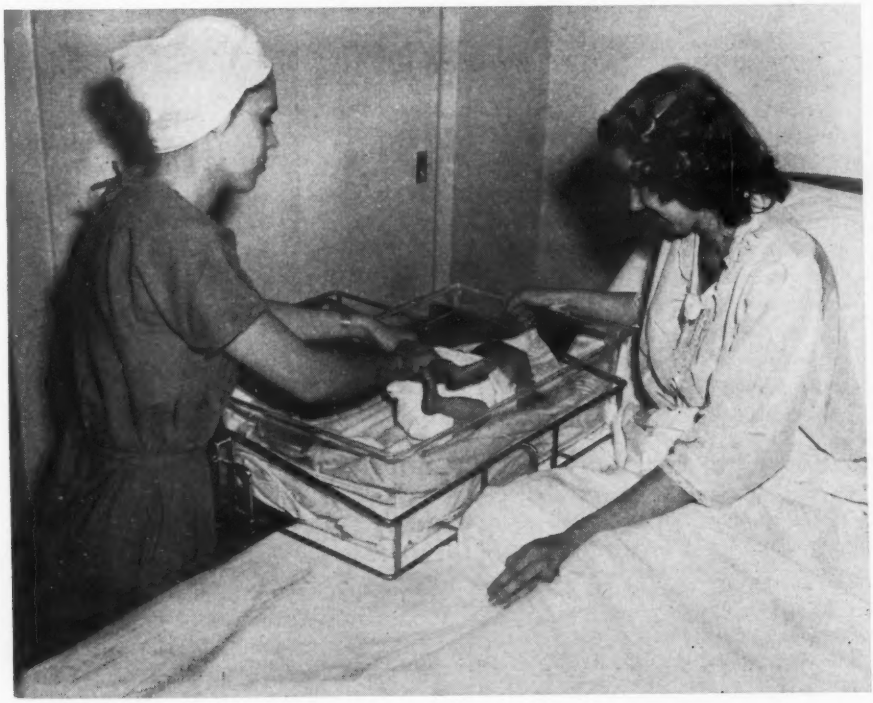
The hospital had taken a large solarium as the basis for the rooming-in unit. This room had been divided into two sections, one containing four cubicles for four mothers and their babies, the other containing the nurse's office and a small nursery. Each cubicle had a bed, a bassinet, a bedside table, an overbed table, and a comfortable chair. All essentials for taking care of the baby were in a metal container on the overbed table, within easy reach of the mother—diapers, bands, shirts, cotton, oil, thermometer, and so forth.

These cubicles were so arranged that each mother, by simply drawing a curtain, could change her cubicle into a private room. Yet when the curtains were not drawn, the unit became one large, cheery room, where the four mothers could visit chattily with one another and watch the progress of four different babies. There were gay chintz drapes at the windows and a general atmosphere of cheer and contentment.

A new mother is pretty tired and finds herself quite content, the first few days, simply to lie and relax, and feel her strength flow back. So perhaps you would think that to have your newborn child with you would be tiring and difficult. But a newborn child is finding his advent into the world quite a tiring experience, too, and is pretty apt to sleep from feeding to feeding. Not only that, but since he is at his mother's bedside, he can be fed *as soon as* he is hungry; so there are no crying babies in a rooming-in unit—just four happy, sleepy little mortals.

It was utter joy to me to lie on my elbow, for hours at a time, admiring my sleeping daughter. I could watch the delicate veins in her eyelids, the little quivers of her mouth, the translucent pinkness of her small, curled fists. I could hold her, love her, touch her. And this did not tire me nor distract me from the urgent business of getting strong, but rather seemed to make the strength come flooding back to me. It made me want to be strong enough to take care of my daughter.

A hospital with a rooming-in unit provides the new mother with as much help as she needs.



I learn from the nurses

There was one nurse on duty for the four mothers, and she was helped by several student nurses. This meant we had excellent care at all times. The first few days, a nurse took care of the baby, right at my bedside, where I could watch. And at night the baby was wheeled into the small nursery, where from my bed I could look through a window and see her and yet be assured of an unbroken sleep. Each day I took over as much care of my small daughter as I felt strong enough and competent enough to handle. This was *never* compulsory. The nurse would have done it all, if I had desired. But it doesn't seem possible to me, in such a situation, that any mother would act differently. When your baby is beside you, to be loved and cared for, it is the most natural thing in the world to *want* to care for your own baby yourself. Since taking over the care of the baby was done slowly and progressively, my confidence grew accordingly. A helping hand was always near to steady my first shaky attempts at changing and bathing. Soon I was handling Mary Elizabeth with all the ease and aplomb (I hoped!) of an experienced mother. At least, the baby seemed happy and comfortable.

Four personalities to watch

Living so closely with my own baby, I also lived close to three other babies, which gave me an unparalleled opportunity to watch their differing developments and to learn that babies don't react like so many robots to given stimuli, but are quite complete little individuals. This memory was to be a great help later on, when Mary Elizabeth didn't do things at exactly the same speed, or in the same way, as was outlined in the baby book!

(*Continued on page 77*)

PSYCHOLOGIST CAN HELP IN PLANNING FOR BABY'S ADOPTION

HELEN ROME MARSH
Chief Psychologist, the Cleveland Guidance Center

I LIKE TO THINK that most workers in the field of adoption are accustomed by now to having a psychologist evaluate the development of a child 6 months of age or older before placing him for adoption.

I say "I like to think" because I'm not really sure that psychological services are as widely used in planning for adoption as they might be. Very definitely, by the time a baby is 6 months old, we are able to give him tests and to arrive at objective conclusions about his general development in comparison with other babies of his age. Also, we can arrive at subjective conclusions about his personality development, and, after fitting both types of conclusions together, we can make recommendations concerning his adoption.

When we psychologists examine the child, we evaluate his response in relation to a norm, asking, "How does this child compare with the norm for children of like age and sex? We can answer this because we know that the norm we are using is the result of observation and measurement of thousands of babies of the same age and sex as this one.

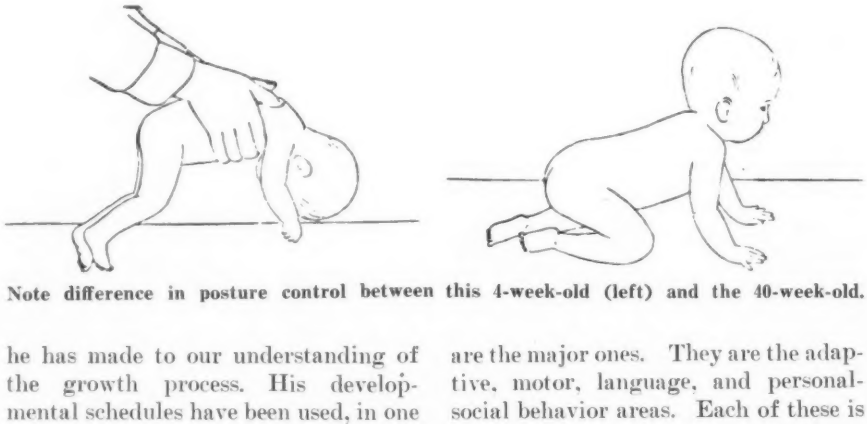
To find the answer we must observe the child's actions in a standard situation, rather than relying on the report of the mother or anyone else. For even though reports by the mother, or the foster mother, or the social worker may assist the psychologist in interpreting the results of the tests, he relies for his information about the child's responses only on what he sees himself.

This may sound rather cold and detached. But although there may be an occasional baby whose development is underrated because, in a test situation, he refuses even to approach a rubber doll, we know that the errors of this type are fewer than they would be if the psychologist depended on the notoriously inexact report of the average devoted mother. This attitude on the part of the psychologist is especially necessary when dealing with very young babies, as there is less variety in the test situations that are presented to such a baby.

We should not, surely, talk about appraisal of the development of children without mentioning the best-known testing devices and observational scales. A great many people, especially those working in the children's field, are familiar with the tremendous life work of Dr. Gesell, and the contributions that he has made to our understanding of the growth process. His developmental schedules have been used, in one form or another, for a quarter of a century, and yearly he has added to our knowledge in the field of measuring the maturity of children.

Dr. Gesell's developmental schedule permits us to observe and classify the behavior of children from the age of 4 weeks to 3 years. He suggests the use of the developmental quotient, or D. Q., which shows what percentage of normal development is present at any age within the limits mentioned, and which is quite reminiscent of the well-known intelligence quotient. In fact, because it seems so like the I. Q., many clinicians prefer not to obtain a baby's developmental quotient, choosing rather to give their evaluation of his development in more descriptive and comparative terms.

Dr. Gesell's technique also permits comparison of the child's development in four separate areas, which he feels are the major ones. They are the adaptive, motor, language, and personal-social behavior areas. Each of these is believed to be separate from, and parallel to, the others, and a D. Q. can be obtained concerning each one by itself. Dr. Gesell feels that the predictive value of these D. Q.'s is great, though not all other investigators agree. Some of this variation in opinion is certainly due to differences between the skills measured in infancy and those measured 5 or more years later, when tests utilize verbal skills more. We find that the older the child is, the more the tests attempt to measure abstract ability, a type of ability which is obviously quite different



Note difference in posture control between this 4-week-old (left) and the 40-week-old.

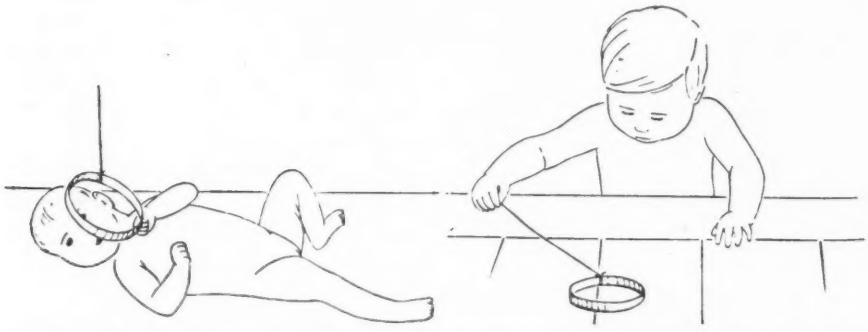
This paper was given at the seventy-sixth annual meeting of the National Conference of Social Work, at Cleveland, Ohio. The drawings, of babies of diffeerent ages responding to typical test situations, are reproduced, with permission, from Developmental Diagnosis, by Arnold Gesell, M. D. and Catherine S. Amatruda, M. D. (2d edition, 1947. Paul B. Hoeber, Inc., New York.)

from those measured by the earlier tests of development. For this reason the experienced clinician will, in addition to evaluating the whole developmental picture, take particular pains in examining those areas of early development which seem to have the highest correlation with what we consider measures of "intelligence" at later ages.

Most of these remarks have been about Dr. Gesell's tests, and I should mention the work of others whose contributions to the field of infant testing have also been great.

First, there is Dr. Psyche Cattell's technique of measuring infant intelligence, a method which gives us an I. Q. and which measures infant development from 3 months to 30 months. This scale has the distinct advantage of being a downward extension of Form L of the Stanford-Binet scales, and its upper levels include much of the material that occurs in the Stanford-Binet. Therefore, it is possible when testing older children to go directly from the Cattell into the Stanford-Binet. With younger children, however, the material is very similar to, and in many cases identical with, the Gesell material. The prime difference between the Gesell and the Cattell tests is that the Gesell breaks down its results into the four categories I have mentioned, and the Cattell makes no such provision. Historically, there are other infant-development schedules which can be mentioned: the Kuhlmann, Bühler, Brush, and others. Also new ones are in the making now, but the Gesell and the Cattell are probably the most widely used at present.

I wish I could say that it is possible to predict, with great exactitude, the intelligence level of a 1-month-old infant and guarantee that there will be no change in it from then till senile decay sets in. This isn't the case, though, and our accuracy in predicting intelligence when a baby is a month old is less than it will be when he is 6 months of age or older. At 1 month or less the child is not evidencing enough activity or response to the environment for us to be able to sample as many of his potential abilities as we will some months later. And therefore what he does show has greater weight in the estimate that we make.



These two babies (4 weeks and 28 weeks of age) behave very differently with a test ring.

This is, obviously, one of the reasons why so many psychologists do not like to estimate the stage of development of a baby at such an early age, and from the point of view of exact prediction of intellectual capacity, I am in agreement with them.

For early placement

Nevertheless, I think we have to be realistic and practical, and, while it would be nice to give a series of tests covering several years—tests that we could depend on when making our estimate of mental capacity, we also know all too well the dangers and disadvantages of delaying so long the permanent placement of the child. So if we are going to try to do away with long delay and place the child very early, we are going to have to sacrifice some of our certainty about his abilities. Parenthetically I may say here that this remark holds true for the immediate present only, for with more experience with the placement of very young babies we shall be able to develop more ways of making our judgments. These will serve to make us more certain in our estimates, but that is something for the future.

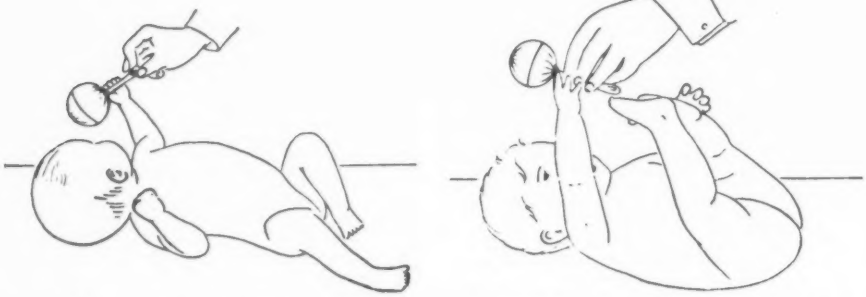
For the present we are concerned with using the skills and knowledge we already have. So even if we are not positive about how far a specific child is going to go in school and how brilliant he will be, it is better to make our estimates of his performance and general responsiveness at a very early age than to delay his placement half a year. I am referring here particularly to the personality aspects of the baby's development.

Home affects baby's development

I am sure that all social workers are well aware of the effect of a foster home on a child in his first year. When the placement is successful, the baby goes into a home where he gets a lot of warmth and security and attention, necessary conditions for normal development. When the foster home offers the child less favorable conditions, his development suffers. And if a baby is in an institution, even a very good one, you know that he is going to get less of the necessary warmth and security and attention than we want him to have; as a result psychologists routinely expect a baby in an institution to rate lower than his true potential level as it is revealed when the child is tested again after leaving the institution and being placed in a good adoptive home or foster-home.

And so when we examine a baby a month or so old, who has been placed in a temporary home, we may be getting results that are statistically less valid than if that baby were in his own home. A baby in his own home will be responding to the same environmental influences at a year as at a month, and presumably will continue to react to the same general ones for years to come, whereas a baby in temporary placement is responding to influences that will not necessarily remain with him. Thus when a very young baby is tested he has the advantage of being less affected by a poor foster-home or institutional treatment than an older one in a similar environment simply because the younger one has not been exposed to that unfavorable influence so long.

This may sound as though I believe that any very young baby who tests within average limits should be placed immediately in an adoptive home. I do not mean to imply this at all, although I presume that all of us who are interested in the earliest possible placement of babies realize the great importance to both the adoptive parents and the baby of bringing them together as early as possible; yet none of us would wish to place a baby for adoption if there is any question at all that might endanger the maximum protection that we want both the adoptive parents and the child to have.

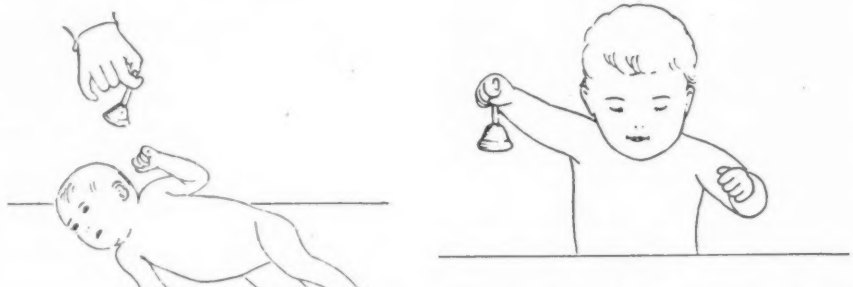


A rattle gets scant response from this 4-week-old (left); the 40-week-old shakes it.

For this reason, I want to stress as much as I can my conviction that the younger the child, the more important the social history and background material are in relation to the psychological observations and testing.

Family background plus test results

A young baby who "tests average" and appears entirely normal in every way at 3 months may well be exactly that, and may remain within normal limits for years. But if the background indicates that there is some question about the intellectual normality of the parents—either one or both—then the weight of the evidence would seem to lie in the social material rather than in the test. In such a case, to my way of thinking, it would be wiser not to attempt the permanent placement when the baby is so young, but instead to initiate a series of tests at frequent intervals over the next several months, in order to check on the first test and to get an estimate of the child's rate of development. Here, although this is an idea that may be questioned by some workers in the field of adoption, I cannot but feel that there might be some advantage in having serial tests made during the probationary period on babies who are placed very young, to study the rate of their development. This, obviously, would be something which would need to be handled very carefully, but just as a baby is taken to the pediatrician at regular intervals for physical check-ups so he could be brought regularly to the psychologist.



This 4-week-old (left) heeds the sound of a bell, but the 40-week-old rings it himself.

The idea would not be to threaten adoptive parents with the possibility of removal of the child if he did not keep up his original rate, but would be presented as a special help in showing parents the areas in which their youngster is developing most rapidly, and those in which some aid or extra stimulation is needed. This is offered as a speculation, not as a suggestion or recommendation, about the service we might some day be able to offer not only to parents who are adopting a child, but also to natural fathers and mothers.

To take the case of the infant with an excellent background, who tests in the retarded range, I would again hesitate to place him early, but because of his good family history I would perhaps be less skeptical than with an infant who tests average, but who has a questionable background. Again, I would think it wiser to check again, but the degree of retardation would be of prime importance here; the greater his retardation, the less hope there would be that a recheck would produce a change upward. We all feel, I know, that we owe it to the adoptive parents and the child to start them off together as favorably as possible. If this means evaluating the child's development and potentialities more than once, I am sure that it is something we should consider seriously.

Of course, the child who is developing at an accelerated rate, and has an excellent background to boot, is one we probably won't have to worry about; and the one who is markedly slow, with a family history that is highly questionable or unknown is one we probably wouldn't consider for early adoption anyhow.

It is, to my mind, in the cases where question exists, either concerning the available information about the parents or concerning the child himself, that the psychologist and the adoption worker can most effectively put their heads together and consider what they have.

There is another area where I think that the psychologist has much to offer—the realm of personality evaluation. It is to be expected, of course, that the agency will have a good idea of what sort of people the prospective parents are—but it is not nearly so sure a

thing when it comes to the personality of the baby.

The younger the child the less there is to observe, but even the little baby gives indications of his personality. I think we would all agree that much of his future personality will be a reflection of what is around him and what type of home he is in. Yet there are limitations to the effects that environment will have. For the trained eye, it is not impossible to detect the phlegmatic child, the outgoing one, the happy one, the easily affected one.

I realize that in many social agencies this estimating of the child's personal qualities is part of the social worker's duty, yet in others it is not emphasized. I suggest that it is an area wherein psychological observation of the child in the testing situation can bring forth material of value, which can be coordinated into the plan as a whole.

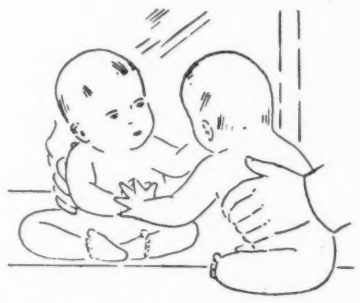
Testing is part of adoption plan

Therefore let me say, in summary, that I feel that the psychologist with his skills has a great deal to offer in the field of early adoptive placement. I do not say that the tests and techniques which we have now are so perfect that they can be used with nary a question or qualification on anyone's part, but I do say that the background knowledge and ability of the trained child psychologist can contribute something which, correlated with what our tests and observational schedules bring us, tells us more about the potentialities and probable traits of the young infant than can be obtained by less objective methods. In addition, the training and curiosity of the psychologist should be able to bring forth material which, in a few years, should make the task of evaluating the youngster easier and the results more valid.

I have suggested that when an infant has a doubtful background or personal ratings, a series of tests might be very desirable. I have done this in the face of what may well be considerable objection on the part of the adoption worker, for various reasons that I can see carry weight. Nevertheless, since I am speaking as a psychologist, with a psychologist's point of view, I would like to elaborate again on my idea here. Mainly, I should say that I am in total agreement with the idea of placing the child for adoption as early as possible, because of the emotional advantages to be gained from living in the permanent home from a very early age—and I mean the emotional advantage both to the child and to the parents. Certainly the main wish of all of us is to have the situation in the adoptive home as similar to that in the home of the natural parents as possible.

Hope to prevent misplacement

Yet at the same time, I have reservations that I am sure many of you share—reservations that are concerned with the possibility of misplacement of a child in a home. Naturally, one would



At 28 weeks of age, this baby looks in the mirror, smiles, makes sounds, and pats the glass.

hope that the selected adoptive parents would themselves have such good personal adjustment that if they were to find themselves the parents of a retarded child it would not jeopardize the unity of the family. We all would hope such a situation would not arise, but it is in hope of preventing such situations that I feel that serial testing of questionable children is needed. Even though some question about them may prevent placement at 4 or 5 months, serial examination may have them ready for adoption by 10 or 12 months; whereas under the old method of waiting, these very children might be having their first evaluations at 1 year or thereabouts. In the long run, serial tests should still help in getting these babies into permanent homes earlier than once was the case, though perhaps not as early as some workers might like to place them.

Again I say our tests are not infallible—would that they were! But very few things are, and even though we ourselves state that our very early test levels are not as unfailingly accurate as we might like, nevertheless we feel that they are successful in ruling out the baby who markedly deviates from the normal and in pointing out the one who in some ways is not developing as rapidly as in others. Just as the adoption worker seeks to rule out as adoptive parents those men and women who are not mature and flexible and those who expect a child to fulfill unsatisfied neurotic needs of their own, so we should like to have the opportunity of helping to rule out, at least for very early placement, those babies about whom we feel there is some room for doubt on the basis of our evaluations and observations.

We want, on the other hand, to be able to point to other babies, and to be able to tell the adoption worker that we feel these are good adoptive bets, young as they are. Therefore, what I am saying here is that the psychologist very definitely has something to contribute to the planning of early placements for adoption. We can show you those children whose development varies from the expected. We can show you those children whose development is accelerated or retarded, whether in toto or in specific areas. We can tell you something about the personalities of babies, and can help you, by telling you all these things, to match babies and parents with more objective material to aid you than before.

The trend to early adoptive placements is comparatively recent, and such placement should be a cooperative enterprise by all the workers concerned—all who have something to contribute. We psychologists are eager to tell you what we can offer, and at the same time we are equally frank in telling you our limitations. It is only through an understanding of what each profession can add to the whole that we can pool our efforts successfully and arrive at techniques and methods that will ultimately yield the most satisfactory results for the natural parents, the adoptive parents, and the baby himself.

Reprints in about 4 weeks

NORWAY IMPROVES LAWS PROTECTING MOTHERS AND CHILDREN

ARNFINN GULDVOG

Norwegian Embassy, Washington, D. C.

Although the Constitution of Norway contains no provisions regarding health or welfare, the care of mothers and children has gradually gained a recognized position among the social measures taken by the Government. In comparison with the most advanced countries, however, Norway is still lagging behind in this field.

The importance of securing the best possible conditions for expectant mothers and for children is now meeting with increasing recognition, and this is reflected in legislative, administrative, and other measures for their protection.

Our legislation for the protection of mother and child includes laws providing for health services to pregnant women and to women with children; also for assistance to mother and child, as well as for welfare services in general. Some of these provisions are discussed here. (Health services for children of school age were described by Anna Kalet Smith in *The Child* for January 1948.—Ed.)

Since 70 percent of the people of Norway contribute to a sickness insurance fund, established under an act passed in 1930, approximately 70 percent of women who have babies will thus get their expenses for maternity care refunded, including hospitalization. If the woman is a wage earner and as such is herself contributing to the sickness insurance fund, she receives an additional lying-in allowance, corresponding to 6 weeks' sick-benefit.

A woman who is not contributing to a sickness insurance fund, either directly or as the wife of a contributor, is not entitled to have her confinement expenses refunded. However, if a mother is unmarried, widowed, or deserted, she may, under the provisions of an act of 1915, receive economic assistance for 6 months before confinement, and not more than 6 months afterward. (This assistance is not considered poor-relief.) The allowance is paid by the local authorities, its size varying according to the financial condition of the township or municipality concerned. The money paid for this purpose by the local authorities in the 34 years since the act was passed, does not, however, amount to any large sum.

In every quarter of the world, children are a nation's greatest asset, and Norway is showing recognition of this by enacting laws for the protection of the health of mother and child.

As part of the general relief provisions of laws passed half a century ago, under which persons without sufficient means of support receive a subsistence allowance from the Government, maternity care is given by the district midwife at public expense.

In a few municipalities—for instance in Oslo—assistance in the form of mothers' allowances is given to any woman who is the sole support of dependent children staying at home. This assistance is in the form of a yearly allowance and is granted only if the income of the mother and the child for whom the allowance is granted does not exceed a specified amount. In Oslo, such a dependent child also receives free medical aid, medicines, and hospital treatment.

Assistance of a more general character for the benefit of children is provided by an act of 1946. Under this act, any resident of Norway who supports more than one child under 16 is entitled to an annual allowance for each such child, beginning with the second one.

This allowance takes no account of the breadwinner's financial condition, and is paid whether the child is born

in or out of wedlock, or is a foster-child, a stepchild, or an adopted child. But at least one of the parents of the child must be a Norwegian subject. This allowance system now provides benefits for some 370,000 children.

Under a law of 1936, a working woman who is pregnant is entitled to leave of absence from her employment during the last 6 weeks before the anticipated date of her confinement and the first 6 weeks afterward. She may not be discharged for absence from work caused by her confinement.

The father of a child born out of wedlock is required by law to pay a maintenance allowance. Besides, a child born out of wedlock is entitled—irrespective of the wish of the father—to use the father's family name, and, under the law, inherits from him in the same way as do his legitimate children.

A number of measures are prescribed in a law of 1917 for the protection of children to be adopted. The Provincial Governor who issues the adoption order must in each individual case decide whether or not the adoption will promote the welfare of the child.

No one who has attained the age of 12 years can be adopted without his own consent, and for anyone under 21 years of age the consent of guardian or parents is necessary.

With certain exceptions, an adopted child has the same legal status in relation to his parents by adoption as do the adoptive parents' own children.

Furthermore, Norwegian citizens may not adopt or be adopted abroad except with the permission of the Ministry of Justice.

Under a guardianship act (1927), every minor in Norway must have a guardian—either his own father or mother, or an adoptive parent, or an appointed guardian. The act details provisions of the personal qualifications required of a guardian.

As a member of the United Nations and of the specialized agencies of the United Nations, Norway has actively participated in framing and adopting resolutions concerning family welfare. We hope that these international steps will contribute to the development and improvement of our own activities in the field of social welfare.

Reprints in about 4 weeks

TO SYNCHRONIZE THE TRAINING-SCHOOL PROGRAM WITH LIFE IN THE COMMUNITY

RICHARD CLENDENEN

Consultant on Training Schools, Social Service Division, Children's Bureau

A TRAINING-SCHOOL program is planned to provide for a temporary period of treatment and training for children who are in need of protective group care. The child does not stay in the training school indefinitely, nor do the personal relationships formed there replace family ties. The child may be in the institution for a year, even 2 or 3 years, but sooner or later he exchanges his life in the protective environment of the institution for one in the outside community and resumes some form of family living. The focus of the training-school program, therefore, must be upon training the child to live in the larger community outside the school, not upon training the child to fit into an institutional program.

School must keep up with community

The way of life in the larger community is not static, but constantly changing.

During the past 20, 15, or even 10 years life has changed a great deal for many of us. Job opportunities and working conditions have shifted and changed. The pattern of family living has somewhat altered.

As a people we have become more mobile, are subjected to wider and more varied influences, and are living under greater pressures.

We have become more conscious of general social conditions both in this country and abroad, and more aware of their impact upon our lives.

We have lost some of the basic security which we enjoyed when family groups were more cohesive and other continents were still separated from us by very wide seas. Some of the added pressures, unrest, and insecurity that grip such a large part of the world are communicated to our children and youth. This does not necessarily mean that as child-welfare workers we shall be called upon to care for more children. It does mean that the children will bring to us somewhat altered attitudes, reactions, and needs, that we must prepare children for a somewhat different way of life, and that we need continually to reshape our programs if we are to provide realistic preparation and training for life in a larger society.

In addition to living in a dynamic, changing society, we are working in a rapidly developing specialized field—providing residential treatment for children adjudged delinquent. With the assistance of case work, group work, education, psychiatry, medicine, and other disciplines, we are gaining in our understanding of human behavior and of the values, limitations, and functions of residential treatment. As a result, we are discovering new and improved treatment methods.

The problem, then, of keeping a training-school program synchronized with life in the community is twofold. First, we must keep the program in tune with the times, geared to our constantly changing way of life. Secondly, we must adopt into the program new methods based upon our rapidly developing understanding of human behavior and the function of residential treatment in the training school.

In preparing a paper on synchronizing a functional training-school program with community living, it seemed to me that I might attempt to sum up some of the developments and trends in the training-school field. Not only is this a natural approach for a worker representing a Federal agency with Nation-wide contacts, but it has the added value of dealing with developments that

Given at the seventy-fifth annual meeting of the National Conference of Social Work and included in the proceedings of the National Association of Training Schools.

are part and parcel of functioning programs, rather than with purely theoretical considerations.

Such an approach logically raises a question: Are there significant evidences of growth and development in this field in the direction of improving the quality of training we are providing for children? Or is the field relatively static and inactive?

The Children's Bureau has child-welfare representatives in each of the regional Federal Security Agency offices throughout the United States, who visit many training schools and have numerous other contacts with child-welfare programs in the various States. Our regional representatives have reported many evidences of growth and development in the programs of training schools in this country.

For more contact with outside world

Some of these developments are resulting in better synchronization of training-school programs and community living. Within the scope of this paper I can touch upon only a few examples to illustrate this trend.

Some of the more important developments can be summarized under two general headings: (1) Those that relate the training-school program more directly to the larger community, and (2) new or improved techniques that implement the content of the training-school program more effectively.

Many times during the past few years training schools have been attacked upon the grounds that they are "isolated"—isolated from the kind of stimulation that would keep the program varied, challenging, and progressive, and isolated from the outside services and facilities that would enrich and extend the program. We are all aware of the enervating effects of such conditions. An institution makes such demands upon its administrators and its staff that its program tends to be limited to its own facilities, and its personnel are cut off from outside stimulation.

The very positive steps that are being taken in many training schools to break down this pattern of isolation and to make the training school an integral part of the community and the total child-welfare program represent, we believe, the most significant single development leading toward more realistic training programs.

Increasingly, training schools are establishing a freer give-and-take relationship with the larger community in which they are located. They are bringing more outside persons into contact with the program. They are enlarging the opportunities for staff members to make contacts away from the school. They are lending the use of some of their services and facilities to the community and calling upon the community for the use of some of its resources. All of these developments help to synchronize the training-school program with life in the community.

A training school that synchronizes its program with life in the community will not only provide vocational training within the school, but will arrange for on-the-job experience outside.

Volunteers bring in new ideas

Several methods are being used to bring more persons into contact with the program. One of these is the use of volunteer workers. Recognizing the vitality that new persons with fresh ideas bring to many phases of the program, many more volunteers are being used. In many schools volunteers contribute to the recreational program as coaches, group leaders, and handicraft teachers. In other schools they play vital roles in religious programs. In still others they serve as big brothers or big sisters to individual children.

Whatever service volunteers render, the problems involved in their use are much the same. These workers need training for their jobs just as much as other members of the staff do. No phase of the program can be surrendered in its entirety to volunteer personnel. Volunteers need the help and support of the regular staff members who have a closer and more continuing relationship to the children. However, if provided with instruction, careful guidance, and support, volunteer personnel can not only contribute to that portion of the program in which they participate, but they can bring fresh personalities and new ideas to both children and staff members.

Training school a part of the community

Another method used to bring more persons into the program of the school is by developing joint projects and activities with outside agencies and groups.

For example, a State training school for girls located in a southern State helped to sponsor an institute on sex instruction, which was held for members of its staff and the parents belong-

ing to a local PTA. The same school invited girls from a local high school to attend a course that was given for its own girls on personal hygiene and grooming.

In another State a training school for girls operates a library station which serves a total of some 15,000 people. This latter project not only brings many persons into contact with the school, but provides an opportunity for the girls to contribute something worth while to the community.

Enlarging the opportunities of staff members for outside contacts and for participation in activities beyond those involved in the everyday job also brings the school program closer to life in the outside community. In this connection one school enables members of its staff to participate in many board activities and to serve on board committees. Schools which can do so are securing grants for staff members to enable them to continue professional education on a full-time basis in case work, group work, recreation, and dietetics.

A very interesting development in this area is in several recent proposals which have been made for the exchange of training-school staff members as an educational policy. A training school for girls in Canada recently contacted the secretary of the National Association of Training Schools about the possibility of working out such an exchange with a school in this country. An organization representing several training schools in France has contacted the Children's Bureau through the State Department, proposing an exchange of staff members with several training schools in the United States.

A greatly increased use of services and facilities away from the training school relates the program much closer to life in the community and enriches and extends the program of the school. Increasingly, training schools are calling upon the services of related State and local agencies. They are using outside medical and psychiatric clinics, community-service centers, and recreational facilities. Several training schools, both public and private, are sending a number of their children to public schools. The purpose of this development varies, and so does the basis upon which the children are selected for this outside experience.

In one State training school for boys, the selection is made on an individual basis. If the child can benefit by the experience it is offered to him. A private training school for boys has established a cottage or dormitory for a small number of boys in a large city some 20 miles away from the rural setting of the institution. Boys living in this unit attend the public schools. The cottage is used for boys who need a richer academic experience than the institution can provide, and for those who need an intermediate step between leaving the school and returning to their communities, and also for a few who could not continue to attend school if they returned to their own homes.

The greater use of outside resources for vocational training has enlarged and enriched opportunities for such training by providing more realistic working experiences for older boys and girls. The ability of the training school to supplement vocational training instruction by on-the-job experience has long been recognized. However, maintaining sufficient modern equipment is expensive, and competent vocational instructors often are difficult to secure and keep. Consequently an ever-increasing number of training schools are turning to outside resources to secure on-the-job training for older children.

Many schools permit boys and girls who are legally old enough and are able to benefit from such an experience to work in jobs away from the school.

For example, a State training school for boys in the Middle West provides such job training for older boys. The school assumes responsibility for helping the boys find the right job and maintains a close and continuing relationship with the employers. These boys work 4 days each week and devote 1 day to academic courses which are designed for them.

A State training school for girls has established a program under which older girls work in jobs in the community for several weeks prior to leaving the school. This program has several purposes. It gives the girls an opportunity to secure realistic working experiences. The girls gain experience in handling and budgeting money. They are able to earn money to buy the additional clothing they will need when they leave the school and to save enough to carry them over for a week or two following placement. The program also provides a basis for the school to evaluate the girl's ability to manage her own affairs. Here too, the school provides guidance in securing jobs and maintains a close relationship to the employers.

Careful planning necessary

The success of such a program hinges, of course, upon the amount of time and planning the training school devotes to it. If several children are included in the project, the full-time services of one person will be required to maintain a close working relationship between the school and employers. The employers need assistance in planning the sequence of work experiences for the child and in understanding the problems and needs of the child. They must be made to feel a part of the school team.

Of course, all the developments that relate the training-school program more directly to the larger community are accompanied by problems and growing pains. Surface problems in the school may be increased by them. Public understanding and acceptance are difficult to secure and are not easy to maintain. But it is obvious that this is the direction that must be taken if training schools are to offer more realistic training for the children in their care.

In planning a freer give-and-take relationship between the training school and the community, it must be recognized that there are limits to the child's ability to relate to a variety of persons and situations. Exposure beyond these limits will be detrimental, for the child needs a stable way of life and some protection. The value of any development in this field will be determined by the adequacy of the planning, by the careful preparation of the child for the new experience, and by the establishment of constructive community attitudes.

Receiving the new child

In addition to bringing about a closer relation with the community, many schools are sharpening old or introducing new techniques to implement their basic services more effectively. I have been particularly impressed by the increased attention being given to the

process of admitting the child to the school and preparing him for this experience. Many of the private training schools insist that the child visit the school before commitment and that he participate in the decision to enter the school. This is highly desirable, but is impossible for many of the State, county, and municipal training schools, which have no control over intake and may even not know that the child is coming to the school before he arrives. Both private and public training schools, however, can prepare the child for the experiences he will have after he arrives.

A large number of the training schools maintain some kind of reception unit. Historically, the primary function of the reception unit was to quarantine the new child from the rest of the children in the school. Here he was given the necessary medical tests, examinations, and inoculations, to insure that he would not infect the other children.

While these medical procedures remain necessary, we now recognize that primary attention during this period must be fixed on the emotional meaning of this new experience. During the first few days the child forms very basic concepts of us and our program. What we do during this time will have a pronounced influence on the effectiveness of all subsequent training. The new child must be received as a troubled individual who needs sympathy and personal attention. He needs also a varied, rich program of activities and of companionship. During this time he is fearful and troubled, and is unable to make satisfactory use of idle or free time, which at a later date he might transform into constructive play.

Whether or not the school maintains a reception unit does not in itself seem important. But how the child is received, how he is made to feel welcome, and the extent to which his rights are considered in planning with him are important.

Several schools employ an interesting group approach to the problems of orientation. Frequently adolescents are not responsive to an individual approach. They are likely to be suspicious of adults and resent the efforts of a staff member to extend much personal attention. For this reason the group approach has great value. Children in a group derive support from one another and help each other to bring out conflicts and problems.

In one State school boys remain in a reception unit for a period of 10 days. During this time they do not attend the school's regular academic or vocational classes but are provided with a very active recreational and handicraft program. Each morning an hour is devoted to a free group discussion with a member of the staff serving as discussion leader.

At one meeting the subject was "fears." Just what are the things a boy is afraid of in coming to a training school? A bit reluctantly at first and then more readily the boys brought out certain fears and conflicts. One small boy, unable to assume responsibility for his own fears, stated that one of his friends was afraid of the "shots" he would get from the doctor. This gave the staff member and the group an opportunity to discuss the subject. Does it hurt when you get shots? Why are you given them? Will they make you sick? How many will you get? During the meeting the group had an opportunity to discuss a wide variety of fears—a much healthier condition than if these were kept bottled up.

The same school has used a group approach to the problems of preparing children for placement from the school. One or two evenings each week during the last 6 or 8 weeks they are in the school, boys attend group discussions led by different staff members. For example, the director of social services meets with them to discuss the kinds of reactions they may encounter in their home communities. The director of vocational education discusses job opportunities, how to apply for a job, and whether a boy should tell the employer that he has been in the training school.

Importance of family recognized

The vital role that the family can play in making our programs more effective is also becoming better appreciated and receiving increased attention.

Just as we have come to recognize that we cannot successfully treat the child in isolation from the larger community, we also recognize that we cannot treat the child as a social entity separate and apart from his family group. The child brings his family and other close personal relationships along with him when he comes to the school, and these continue to exert a strong influence upon him during the time he is there. The reaction of the parents to the child's commitment and their attitude toward the school and its program may reinforce or detract from efforts to help the child. These facts have led many training schools to give much thoughtful consideration to developing constructive parental attitudes and support.

Parents join in program

One State school has developed a program which might be called orientation of parents. Steps in the process include a personal letter or visit to the parents shortly after the child comes to the school, and an interview with the parents by the superintendent during the parents' first visit to the school. The child is encouraged to show his parents over the grounds, introducing them to the other children and staff members. Parents are not sent a form letter or given a list of rigid rules governing visits. Through personal contacts with the staff they are made to feel that they have an important role to play in planning for the child. They are not excluded from the team, but drawn into it. This program has been so successful that the school is able to permit children to leave the grounds freely with visiting parents.

The system of leave now in effect in several public and private training schools helps to keep intact the child's family relationships and to prevent the families from feeling shut out. Some schools are granting periodic vacations; in others children can earn week ends away from the school. A few have combined these plans. Several administrators feel that the introduction of a system of leave has resulted in a more basic change in the children's attitude toward the school than any other single development in the program.

We have been able to mention only a few of the many developments which are resulting in a better synchronization of training programs and life in the community. We have not been able to touch upon many others. We have not discussed the decline of effort to

provide vocational training for younger children, or the increased emphasis upon special academic instruction for these children who will reenroll in public schools. We have not touched upon any of the group-therapy projects that are being carried on, nor the increased attention being given staff development. However, all these and many other developments are important not only in themselves but also because they demonstrate growth and movement.

Concurrently with these developments and underlying many of them has been a deepening interest in the democratic processes of group living. Synchronizing the training-school program with life in the community means that it must be synchronized with a democratic way of life. Adolescent boys and girls will soon take their places in society as adult citizens. Training that fails to give them respect for and experience in democratic living fails to provide realistic training for life in our country today. As the democratic way of life has been threatened abroad, our concern for it has increased at home. We are spending more time defining democracy and are more insistent upon democratic procedures.

In training schools this is finding expression in a greater respect for the rights of the individual child, in or out of the training school. There is more interest in methods that permit the child to enter into the decisions, both individual and group, that affect his welfare. In some schools these are taking the form of student government; in others, a more informal use of group meetings. More emphasis is being placed on teaching tolerance, and on providing children more constructive contacts with representatives of other cultural and racial groups.

The problem, then, in keeping a functional training-school program synchronized with life in the community is twofold. First, it involves a continual adjustment to life in a dynamic community. Secondly, it involves putting into practice the procedures and philosophy evolved from our increasing understanding and knowledge. All these developments are directed toward providing better training for the American way of life.

Reprints in about 4 weeks

ROOMING-IN

(*Continued from page 67*)

An additional benefit of the rooming-in arrangement is its refreshing attitude that father is a member of the family, too—not just a bystander, whose acquaintance with his child should consist of his standing pressed against the nursery window, so many minutes each visiting period. My husband was as enthusiastic about rooming-in as I, because it gave him a chance to know his daughter; to hold her; to watch her first reactions to food, to light, to noise. He would hurry in at visiting time, take off his coat, put on a hospital coat, scrub his arms and hands, and then with great tenderness and care lift and hold Mary Elizabeth. He took this opportunity to learn as much about caring for her as possible. He had me demonstrate my new-found talents of diapering and dressing her, watching how I held her to feed her; and he learned how to hold her securely and safely. This paid great dividends when we went home.

Eight days never went faster. There was so much to learn and watch that it was a completely absorbing experience. And then, suddenly, we were ready to go home.

We go home

It was a big step, to leave the security of the hospital, the comfort of a nurse, and constant care. As I look back on it now, I don't know how I would have managed without the preparation I'd had in the rooming-in unit. Instead of going home to the terrifying experience of having sole charge of a strange, tiny baby, I went with the sure, inner knowledge that I knew my baby. I knew she was a definite individual. I knew she was much tougher than she looked and that, with reasonable handling, she wouldn't break. And I'd learned how to handle her.

I knew, too, that nature had given her a time schedule that was essentially her own and that she was teaching me when she wanted to eat, when to sleep, and when to be sociable. Our first adjustment to each other was already behind us, and we were quite ready to continue the fascinating game of living together.

Reprints in about 4 weeks

With an Intent to Understand

One of the things that I have thought about a great deal since I have been working at the nursery school is my need to understand myself better; to be honest about the kind of person I am in working with children.

Each morning as I walk the five cross-town blocks to the nursery school I wonder what the children will be like today—what park we will go to, what activities we will carry out, what problems will come up—and then I think about how I will try to meet each question as it arises, without interfering either with the child's ability to solve his own problem or with the other teachers' relations with the children. And on returning home at night I try to find out just why I did and said the things I did.

How rapidly children change!

Each child has become so different in the past 3 weeks. And there seems so much to learn and understand about each one:

Why do they do the things they do?

Albert hit Willetts squarely in the nose for no apparent reason, and Bunny gave Kenneth two cherished pennies. Edward, day after day, disrupts "quiet hours." Today his cot was placed near the door just as far away from the other children as possible, but he didn't go to sleep—not at first—he picked on the canvas cot with his fingers as though he were playing a banjo—then he put his head under the blanket and coughed and whistled—finally he called me. I sat on the edge of his cot, placed my hand on his shoulder and just listened. In a whisper out came a torrent of words about Gene Autry, Roy Rogers, and their horses; and about a horse that Edward's grandmother down South owned that he would get to ride Christmas. When he finished he turned over and in a few seconds he was asleep. Not a word was spoken by me.

Yes, this was the thing to do today, but what about tomorrow?

Little or big things?

There are also many other things, little things, that I have found out that we can do for children that seem much more important than the big things, or at least the things that we think are big, but the child doesn't. The tone of our voices. Not seeing the many things they do to each other in learning to be a part of the group. Taking just a minute to sit in one of their chairs. To admire a new dress, shirt, or tie—just those little things are of major interest to the child, and to you, because of the pleasure they

give him. Sometimes a smile seems to be so much more appropriate and appreciated than a word.

Johnnie got his shoes on today all by himself for the first time, and just for that moment it didn't seem to matter that they were on the wrong feet.

As I near home I realize that the nursery-school day is over and somehow all the things that happened all during the day really do matter. There were so many happy moments. And then there were confusing, conflicting moments too, that both the children and I had to face. And our needs—the children's and mine—they are the same—dependable affection—endless patience and tolerance . . .

Lalla Mary Goggans

• IN THE NEWS

Governors Report on State Committees for Midcentury Conference

When Oscar R. Ewing, Federal Security Administrator, wrote to State Governors regarding State and local committees to develop plans for the Midcentury White House Conference on Children and Youth—either designation of existing bodies or appointment of new ones—he laid particular stress on citizen participation. His letter said in part:

". . . We hope for the assistance of the Governors in encouraging the broadest kind of State participation through State Midcentury White House Conference committees . . . It is planned that the National Committee will work closely with the official State groups, so that through them there can be brought together the thinking and leadership, the plans, the hopes, and the aspirations of those who are closest to children and young people in their families and their communities. Suggestions and recommendations from State groups will be invited toward assisting the National Committee in its work. The State committees are expected to form the nucleus of study groups, survey activities, and discussion forums, which will help dramatize children's needs, make available the latest scientific information about developments in children's services, and provide media for post-Conference follow-up activities to the Midcentury White House Conference on Children and Youth.

"I shall be grateful, as chairman of the National Committee, if you will advise me of your action with regard to the designation of an existing body, or, if necessary, the creation of a special representative citizen committee, to serve as the State committee for the Midcentury White House Conference on Children and Youth. Would you be good enough to inform me of the membership of the committee, and the name and address of the chairman, in order that the National Committee may promptly establish a channel of communication with your State group?

"I believe that this Midcentury White House Conference can make a signal national contribution to the advancement of the well-being of our children. To do this, however, we need the help and participation of the Governors and of all the people of this Nation."

As of October 31, 1949, responses had been received from 37 States and Territories and the District of Columbia, indicating that committees for the Midcentury White House Conference on Children and Youth are being established.

In 23 of these States and Territories committees have already been designated or appointed, as follows:

Alabama State Advisory Committee on Children and Youth.

Arkansas Council on Children and Youth.

California Youth Committee.

Connecticut State Planning Group for the Midcentury White House conference.

District of Columbia Committee for the Midcentury White House Conference.

Florida Children's Commission.

Georgia Congress of Parents and Teachers.

Iowa Commission for Children and Youth.

Louisiana Committee for the Midcentury White House Conference.

Minnesota Youth Conservation Commission.

Missouri Committee for the Midcentury White House Conference.

New Hampshire Committee for the Midcentury White House Conference.

New Mexico Committee on Children and Youth.

North Carolina Conference for Social Service.

Ohio Commission on Children and Youth.

Oregon Governor's Committee on Children and Youth.

South Carolina Citizens' Committee on Children and Youth.

Texas Youth Development Council.

Virginia Committee for the Midcentury White House Conference.

Virgin Islands Committee for the Midcentury White House Conference.

West Virginia Committee for Children and Youth.

Wisconsin Commission for Children and Youth.

Wyoming Youth Council.

The Governors of the following States and Territories have indicated that they are giving consideration to the appointment of committees for the Midcentury White House Conference: Alaska, Colorado, Delaware, Illinois, Maine, Massachusetts, Nevada, New York, North Dakota, Oklahoma, Puerto Rico, South Dakota, Tennessee, and Utah.

Children's Fund Ships 5,000 Tons of Supplies

Marking the second anniversary of its first shipment of supplies to needy children in war-devastated Europe, the United Nations International Children's Emergency Fund (UNICEF) recently moved, in a week, over 5,000 tons of foodstuffs and goods to nine different European countries.

The shipments included 1,500 tons of dried milk from the United States; with additional supplies of milk, margarine, meat, and soap from New Zealand and Australia; cod-liver oil and 15,000,000 vitamin capsules from Canada, made from New Zealand shark-liver oil; and 19 cases of penicillin from the United States.

UNICEF officials have also announced a drive to combat rickets among German children. It is expected that more than 1,000,000 children will be assisted during the campaign, which will last through the coming winter.

New York City Compiles Standards for Care of Premature Infants

New York City's Bureau of Child Hygiene, of the Department of Health, has prepared a statement of "Recommended Standards for the Care of Premature Infants in New York City." These recommended standards have been compiled from the existing standards set up by various pediatric and obstetric groups throughout the country, says the statement, in the hope that they will be useful in guiding the discussion of different groups interested in better care for prematurely born infants in New York City.

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"The safeguarding of the rights of our citizens must be accompanied by an equal regard for their opportunities for development and their protection from economic insecurity. In this Nation the ideals of freedom and equality can be given specific meaning in terms of health, education, social security, and housing."

President Harry S. Truman, January 7, 1948.

FOR YOUR BOOKSHELF

INTERNATIONALE FRAGEN DER GESUNDHEITSFÜRSORGE UND FÜRSORGERISCHEN AUSBILDUNG (International Problems of Health Work and of Training for Social Service), by Prof. Walter A. Friedlander. Reprint from Gesundheit und Wohlfahrt (Health and Welfare), Zurich, Switzerland, 1949. No. 4, pp. 157–163.

The author, associate professor of social welfare at the University of California, brings out effectively the highlights of the International Conference on Social Work held last year in Atlantic City and New York. (This was the fourth conference of its kind; the others were held in Paris, 1928; Frankfurt-on-the-Main, 1932; and London, 1936.)

The delegates from many lands discussed housing, health, and social-work training in the light of postwar developments. They agreed on the urgency of two problems: (1) The need for improving the health conditions among children and (2) the lack of adequate facilities for social-work training. The delegates of the great countries of the East pointed out that the health conditions among their 800 million people were so distressing that other problems seemed insignificant by comparison. In India, for example, owing to lack of medical personnel, a quarter of a million mothers die in childbirth every year. Equally distressing is the situation in China and in Egypt, particularly in the rural areas; but in the latter country a Ministry of Rural Life has been recently created, and, in cooperation with a private agency, it has sent physicians, midwives, and nurses to rural districts. The reports of conditions among rural Indians in Latin America were also discouraging.

Training for social work was enthusiastically discussed by the delegates. They agreed on the necessity for appointing to positions in social work only persons trained in properly equipped schools, though they realized that the world is still very far from this goal. Although good schools are available in many European countries and in the United States, Canada, and Australia, they are lacking in China, India, Japan, and parts of Africa and Latin America. In still other countries, the institutions designated as schools of social service are entirely inadequate. The conference urged that good schools be established as soon as possible by the countries in which they are lacking; and that in the meantime other countries should help by offering regular training and accelerated courses.

Finally, a hope was expressed by the conference that, under the auspices of the United Nations and other international organizations, an attempt would be made to provide training in social work with the aid of training grants, seminars, and international exchange of teachers.

Anna Kalet Smith

PEDIATRICS AND THE EMOTIONAL NEEDS OF THE CHILD; as discussed by pediatricians and psychiatrists at Hershey, Pa., March 6–8, 1947. Edited by Helen L. Witmer. Commonwealth Fund, New York, 1948. 180 pp. $1.50.

This "selective report" summarizes the contributions of about 50 pediatricians, psychiatrists, and psychiatric social workers, who were invited by the Commonwealth Fund to discuss the integration of the mental with the physical aspects of child care.

At the outset of the conference an attempt was made to define the role of the pediatrician in dealing with emotional factors in child and family life. Several sessions were devoted to the training needed to prepare the medical student, and more specifically the pediatrician, for practicing medicine more "comprehensively."

The innumerable opportunities which already exist for teaching emotional growth and development in out-patient departments and in hospital wards were pointed out The use which departments of pediatrics can make, and are making, of psychiatrists, psychiatrically-trained pediatricians, and psychiatric social workers to broaden the scope of pediatric teaching show an acknowledgment of the contribution of other disciplines to child care.

Further information on current programs to meet the emotional needs of children is given in an appendix made up of reports from 10 different hospital teaching centers.

The book shows the progress which has been made in evaluation of pediatric thinking—from a beginning which emphasized the purely physical to at least a recognition of pediatrics as a science and an art embracing the whole child. It is clear that pediatricians feel competent in the area of physical growth and development, that they are unsure of themselves, but that they are ready to go forward in the area of emotional growth and development.

Alice D. Chenoweth, M. D.

CALENDAR

Dec. 1–3—American Public Welfare Association. Annual Round Table Conference. Washington, D. C.

Dec. 7—Committee on Conference Program, Midcentury White House Conference on Children and Youth. Washington, D. C.

Dec. 15–16—National Committee of Midcentury White House Conference on Children and Youth, White House.

Dec. 27–30—American Statistical Association. Annual meeting. New York, N. Y.

Dec. 27–30—American Economic Association. Annual meeting. New York, N. Y.

Dec. 28–30—American Speech and Hearing Association. Twenty-fifth annual conference. Chicago, Ill.

Dec. 28–30—American Political Science Association. Annual meeting. New York, N. Y.

Dec. 29–31—National Council on Family Relations. Annual conference. New York, N. Y.

Jan. 19–20, 1950—National Social Welfare Assembly. Annual Meeting. New York, N. Y.

Area conferences, National Child Welfare Division, American Legion:

Dec. 1–3, 1949. Area E—Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. Seattle, Wash.

Jan. 13–14, 1950. Area D—Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. Topeka, Kans.

Feb. 3–4, 1950. Area B—Delaware, District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Puerto Rico, Virginia, and West Virginia. Atlantic City, N. J.

Mar. 3–4, 1950. Area C—Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, Panama, South Carolina, Tennessee, and Texas. Dallas, Tex.

Mar. 10–11, 1950. Area A—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Hartford, Conn.

Illustrations:

Covers: Federal Security Agency.

Pages 66, 67, Blakeslee-Lane for George Washington University.

Pages 68–71, from Developmental Diagnosis, by Arnold Gesell, M. D., and Catherine S. Amatruda, M. D.

Page 72, Royal Norwegian Information Services.

Page 74, National Youth Administration.

HELP TO SAVE THE RURAL MOTHER AND BABY

In rural America today too many mothers die in childbirth, and too many babies die soon after they are born. The risk of a baby's dying in his first year of life is nearly one-third greater in isolated counties than in or near any of our great cities. For mothers in these counties the risk of dying from causes associated with childbearing is more than 50 percent greater.

Analysis of deaths during the 5-year period 1943–47 shows that for each 1,000 babies born in or near a great city, 31 died before their first birthday. But for each 1,000 born in isolated counties, as many as 41 died. For mothers, the difference between the death rates in highly urban counties and in rural ones was even greater. For each 10,000 live births, 15 mothers died in greater metropolitan areas, but 23 died in isolated counties.

As a Nation we are making childbirth increasingly safe. Both the infant and the maternal death rates have been going down steadily for some years. Present rates compare favorably with those of other countries.

Also we have recently reduced the gap between the lower infant death rates in the greater metropolitan counties and the higher rates in isolated counties. But for maternal deaths the gap has widened. Both these gaps should be done away with by making medical and hospital services available to mothers and babies in rural regions.

Small rural hospitals should be able to handle most births and should be able to offer the mother adequate antepartum care from early in pregnancy until time for delivery. Such care will eliminate many of the conditions that make childbirth hazardous. But if complications arise the skills and resources of big hospitals must be rushed to the mother, or she must be brought in quickly to such a hospital. Mothers who hemorrhage in childbirth must get the right type of blood quickly. When infections occur, laboratory tests that can be made quickly are essential, as well as proper treatment. A skilled obstetrician is especially needed if a severe toxemia develops.

The Children's Bureau is helping the States to develop a network of health services that will reach more rural mothers and babies. Under the authority given it by Congress, the Bureau allots a larger Federal grant per birth to States in which the proportion of births to families in rural areas is above the average for the Nation. Continuing emphasis needs to be placed on fulfilling the needs of rural mothers and babies.

We know that children in isolated counties are receiving one-third less medical care than are those in or near large cities. In greater metropolitan counties there are nearly 6 doctors to every 1,000 children, but in isolated counties only 1 or 2 doctors per 1,000 children. In metropolitan and adjacent counties there are 15 general-hospital beds per 1,000 children; in isolated counties, 8. In 2,000 of the Nation's 3,000-odd counties—where 31 percent of our children live—no well-child clinics are held.

This dearth of care in rural America is one reason why so many mothers and babies die there. Although State health departments are broadening their maternal and child-health services to reach their outlying regions, they need much more help than they are getting now if good medical and hospital care is to be within reach of all their mothers and babies.

All this points to a job for every citizen of every State. The job is to help to expand the State's maternal and child-health services so that they will reach out to the mothers and children in the most isolated regions of the State.

Leona Baumgartner

LEONA BAUMGARTNER, M. D.
Associate Chief, Children's Bureau

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Managing Editor Sarah L. Doran
Art Editor Philip Bonn

FEDERAL SECURITY AGENCY
Oscar R. Ewing, Administrator

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Arthur J. Altmeyer, Commissioner

CHILDREN'S BUREAU
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